

CLAIMS ONLY						Application Number <i>09/937999</i>	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
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48									
49									
50									
Total Indep			1						
Total Depend			12						
Total Claims			13						